

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002745

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 267Primary Registration District No. 3049Registrar's No. 23

FILED FEB 13 1963

1. PLACE OF DEATH

a. COUNTY

Pemiscot

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN HaytiLength of stay in 1b
62 yearsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Pemiscot Co. Mem. Hosp.Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Pemiscot

c. CITY
OR
TOWN HaytiInside Limits
Yes ☒ No ☐d. STREET
ADDRESS(If outside, give location)
West WashingtonReside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Kenneth Kennedy DeWEESE

4. DATE
OF
DEATH

Month

Day

Year

Feb. 7, 1963.

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3-18-1890

9. AGE (last birthday)

72

IF UNDER 1 YEAR

Months 10 Days 19

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Drag line Oper.

10b. KIND OF BUSINESS OR INDUSTRY

Construction

11. BIRTHPLACE (City and state or country)

Moscow, Kentucky

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Jessie DeWeese

13b. MOTHER'S MAIDEN NAME

Allie Kennedy

14. NAME OF HUSBAND OR WIFE

Mrs. K. K. DeWeese

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Kenneth DeWeese, W. Washington, Hayti, Mo.

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute myocardial infarction

INTERVAL BETWEEN
ONSET AND DEATH

12 hours

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

arteriosclerosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Hypertensive Cardio Vascular disease

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____, to _____ and last saw her
him alive on _____
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

C. W. Marshall, M.D.

22b. ADDRESS

Caruthersville, Mo.

22c. DATE SIGNED

2-8-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

2-9-63

23c. NAME OF CEMETERY OR CREMATORY

Little Prairie

23d. LOCATION (City, town, or county)

Caruthersville, Mo.

24. FUNERAL DIRECTOR

ADDRESS

John W. German Funeral Home, Hayti, Mo.

25. DATE RECD. BY LOCAL REG.

2-9-63

26. REGISTRAR'S SIGNATURE

Charlotte E. Sloan

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

VS-300
Rev. 4/59

1 0781

2 07812

3

4 0

5 1

6

7 1

8 0

9 420.1

10

11

12 1-0

13 1-0

NOV 14 1966

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

J. T. Brown

Licensed Embalmer No. 5206

P. O. Address Hoyt, Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.